

MONITORING FORM

To demonstrate the Golden Thread Gallery's commitment to equality of opportunity in employment we must monitor the community background of our employees and job applicants as required by the Fair Employment (Northern Ireland) Act 1989. We are asking you to help us by indicating below the community background to which you belong. **(Please •**

appropriate box)

Section 1: Your Religious Belief

Section 2: Your Marital Status

Protestant

Single, that is never married

Roman Catholic

Married and living with husband/wife

Other religious faith:

Please specify _____

In a Civil Partnership

Separated

No religious belief

Divorced

Not disclosed

Widowed

NB. Please note that in relation to Section 1 above it is an offence for any person knowingly to give false information to another who is seeking this information in order to make a monitoring return.

Section 3: Your Racial Group

My Nationality is: _____

White

Black African

Chinese

Black Caribbean

Irish Traveller

Black Other

Indian

Mixed ethnic group

Pakistani

Please state which _____

Bangladeshi

Other ethnic group
Please state which _____

Section 5: Age

Please provide your date of birth **or** the appropriate Age Band: D.O.B.

<u>Age Band:</u>	<input type="checkbox"/> 16-21	<input type="checkbox"/> 22-30	<input type="checkbox"/> 31-40	<input type="checkbox"/>
	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-64	<input type="checkbox"/> 65+

Section 6: My Sexual Orientation is towards someone:

Of the same sex A different sex Both

Section 7: Dependants – with a responsibility for: (please tick each box that applies to you)

Do you have responsibility for the care of:

A Child/Children?	<input type="checkbox"/>	A person with a disability?	<input type="checkbox"/>
A dependent elderly person?	<input type="checkbox"/>	Other	<input type="checkbox"/>
No caring responsibilities	<input type="checkbox"/>	<i>Please Specify</i> _____	

Section 8: Disability

The Disability Discrimination Act considers a person disabled if:

- You have a long standing physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out under the Disability Discrimination Act? **(Please tick 'Yes' or 'No')**

Yes

No

If Yes, please state the type of disability below:

- 1. **Physical Impairment**, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
- 2. **Sensory Impairment**, such as being blind/having a visual impairment or being deaf/having a serious hearing impairment.
- 3. **Mental Health Condition**, such as depression or schizophrenia.
- 4. **Learning Disability/Difficulty** (such as Down's syndrome or dyslexia) or **Cognitive Impairment** such as autistic spectrum disorder.
- 5. **Long Standing illness or health condition** such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- 6. Other (*please specify*)

It can help us to ensure effective involvement of everyone if we can identify anything that poses a barrier to your full participation in the workplace.

What are the biggest barriers for you in doing what you want to do in this organisation?

Please specify.

Section 9: Advertising

Please indicate below how you became aware of this vacancy to allow us to assess the effectiveness of our advertising.

Thank You for Providing this Information

IN CONFIDENCE

Golden Thread Gallery
